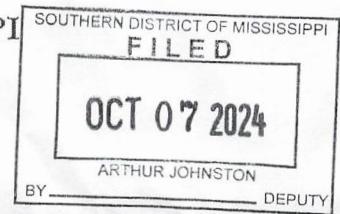


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

San Nicolas 460374

(Last Name) (Identification Number)

Manuel Jeronimo Quiclocho

(First Name) (Middle Name)

Harrison County AdC Unit #15

(Institution)

4508 Marlena St Bossier LA 71111 V

(Address)

(Enter above the full name of the plaintiff, prisoner, and address
plaintiff in this action)

COMPLAINT

v. CIVIL ACTION NUMBER: 1:24cv305 TBM-BWR
(to be completed by the Court)

Harrison County Board Of Supervisors

Harrison County Sheriff DPT

Sheriff Matt Haley

Deputy Sheriff Craig Nease

(Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes () No (✓)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

1. Parties to the action: N/A2. Court (if federal court, name the district; if state court, name the county): N/A3. Docket Number: N/A4. Name of judge to whom case was assigned: N/A5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): N/A

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Manuel San Nicolas Prisoner Number: 460374
 Address: 4506 Marlena St unit #15 Bossier LA 71111

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Harrison County Board of Supervisors is employed as
Board of Supervisors at Harrison County
The County of Harrison MS

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Manuel San Nicolas ADDRESS: 4506 Marlena St unit #15
Bossier LA 71111

DEFENDANT(S):

NAME: <u>Matt Haley</u>	ADDRESS: <u>4506 Marlena St unit #15 Bossier LA 71111</u>
<u>Craig Necose</u>	<u>4506 Marlena St Unit #15 Bossier LA 71111</u>
<u>Vital Care</u>	<u>4506 Marlena St Unit #15 Bossier LA 71111</u>
<u>Tiger Foods</u>	<u>4506 Marlena St Unit #15 Bossier LA 71111</u>
<u>Warden Hubbard</u>	<u>4506 Marlena St Unit #15 Bossier LA 71111</u>
<u>Deputy Warden Legge</u>	<u>4506 Marlena St Unit #15 Bossier LA 71111</u>

GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes () No ()

B. Are you presently incarcerated for a parole or probation violation?

Yes () No ()

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No ()

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No ()

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes () No (, if so, state the results of the procedure: They Never Answer Me Back / No Responds

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes () No ()

2. State how your claims were presented (written request, verbal request, request for forms): I Filled Out Grievances And Told Officer's Multiple Times About These Problem's

3. State the date your claims were presented: ON AF About August 06, 2024

4. State the result of the procedure: Was Placed In Administrative Lockdown/ Segregation for 60 Day's with Cell Lights On 24 hrs a day, And All Communication Cut Off from Society, NO Access to the outside world. Placed In A Cell with Rust And Mold. A cage placed Over the windows Full of trash, Rust And Mold, the Smell of Feces And Urine.

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

ON September 03 2024 I was Placed In B Block
 D David Cell #228 Lockdown Art Forced to live under
 less than poor conditions of Confinement. Light's On 24 hrs
 A Day Bell Filled with Rust And Mold/Black Mold
 NO Cleaning SUPPLIES. Water bugs, Fed at 4:30 Am Breakfast
 And Again At 11:00 AM Stayrofoam tray of Spoiled Food
 And A Snack Bag, Bread thrown in Brown Paper Bag with
 two pieces of Baloney & Cheese. Placed on the yard with hand-
 cuffs And Shackles. Giving A Basketball And could not
 enjoy my recreational time or workout. I Have Requested to
 use the Phone but was told they don't Allow it in ~~different~~
 this jail. I Have EXHAUSTED All forms of Reheated Remedies.
 But No ANSWERS Back.

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.
- Punitive Damages \$15,000,000.00 FIFTEEN-million
 dollars and no cents, Nominal DAMAGES \$,000.00
 FIVE-Thousand Dollars in their off. capacity
 and individual capacity, All Land, Livestock, BANK
 accounts, Foreign and Swiss accounts, Vehicles, BOATS, PLATES,
 STOCKS, Bonds TIME SHARES, Paid medical expenses, Court Cost
 Fines and Fees ^{forth} Signed this 27 day of September, 2024.

Manuel J. Deonino & Son Nicolas
Komar Guillen
 Signature of plaintiff, prisoner number and address of
 plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

9-27-24
 (Date)

W. W. 460374
 Signature of plaintiff